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Learning about Emotions – The Tavistock Approach

Michael Rustin

Abstract

This paper examines the recent emergence of emotions and their regulation as a topic in the social sciences. It suggests that methods of emotional learning which follow from this interest need to be specific to the different occupational contexts in which work with emotions takes place. It describes the conception of emotional learning that has been developed at the Tavistock Clinic, an NHS institution which provides services and training in mental health, in London over several decades. This conception has evolved to enable professional workers in the mental health, educational and social service fields to understand and contain anxiety - both their own and that of their clients - in their work-situations. A number of specific methods of emotional learning are described - infant and young child observation, work discussion, personal analysis, clinical supervision, group-relations events - and their theoretical and practical interconnections are explained.

Keywords Emotions, emotional learning, psychodynamic training, infant observation, work discussion, psychoanalytic empiricism, anxiety, containment.

Introduction: Understanding emotions

Emotions have long been a curiously invisible dimension of the learning process. Since reason and emotion have often been constructed as opposites in our philosophical tradition, it has seemed natural to suppose that learning could best take place in a state of mind from which emotions had been banished. Perception, cognition and memory have been constructed in academic psychology as discrete mental functions, best investigated and analysed separately from the matrix of feelings in which in human practice they are invariably embedded. No doubt some specific understandings have been achieved as a consequence of this academic

division of labour, though this has until recently left emotions as the poor relation of psychological science.

Developments in the study of emotion, some of which were recently reported in the special issue of this journal devoted to theories of emotion, (Vol 5 No 3 September 2002) have recently been bringing about some change in the understanding of learning processes. Research in neuroscience (Damasio 1994, 1999, LeDoux 1998, 2002, Panksepp 1998) on the human brain and on the development of behaviour patterns in animals, have been making it clear that emotions have a central part in the development of the mind. What the utilitarian philosophers used to call appetites and aversions, but which modern developmentalists now think of as a variety of patterned responses to survival needs (Panksepp 2002) provide the frame of orienting desires and dispositions within which consciousness develops as a second-order function. Individuals become conscious primarily of things which matter to them, which is to say which offer to gratify or frustrate their needs and desires.

Consciousness has evolved in human beings as an evolved resource in the struggle for survival. But then consciousness in its more developed forms involves the mental processing of phenomena generated by the mind itself. This includes both the processing of sense-perceptions and memories into ordered categories and frames for understanding the world, and the processing of the phenomena of feeling into a form in which they can be recognised and discriminated, and understood as having both causes and consequences for the self. In a recent convergence of thinking between attachment theory and psychoanalysis (Fonagy et al. 2002), the idea of 'reflective function' has become something like a generic criterion of mental well-being, its absence being an indicator and predictor of likely difficulties in sustaining adult roles with a relational dimension, such as those of parent or care-giver.

In The Civilising Process, Volumes 1 and 2, written in the 1930s but only published in English in 1978 Norbert Elias (1939/78) demonstrated that the social regulation of emotions had been the precondition for the development

of European civilised society from the Middle Ages onwards. This classic of historical sociology argued that the inhibition of appetites and emotions in social life had been essential to the emergence of culture. Even something as apparently trivial as 'manners' - conventions governing the consumption of food, the fulfilment of sexual needs, excretory functions, the discharge of feelings of antagonism – signified and made possible as they emerged the development of the rules and symbolic forms which characterise civilised life. Elias's great book, as Zigmunt Bauman (1979) has pointed out), was the working-out of Freud's Civilisation and its Discontents (1929) as a grounded historical narrative. Freud had argued that the sublimation of instincts in culture was the basis of higher civilisation. Not long after Freud had published his book, Elias showed how this thesis could be used to make sense of the change from the violent and rude society of the baronial hall of medieval warriors, as he imagined it anyway, to the ordered rituals of the absolutist French court. Elias and his disciples later went on to develop a sociological theory of modern sport, (Elias and Dunning 1986) as a form of regulation and sublimation of emotions associated with physical violence in particular. They saw organised sport as in effect as a functional substitute for war. The precariousness of this sublimation of aggressive impulses, both on the sports field as tempers are lost and as the rules inhibiting violence are broken, and off the field as rival assemblies of fans enjoy violent conflicts of their own, show on almost a daily basis how perceptive the Elias analysis of sport was.ⁱ

Arlie Russell Hochschild's recognition (1983) of 'emotional labour' as a distinctive sphere of work has added another vital dimension to the understanding of emotions.ⁱⁱ Her investigations have drawn attention to the explicit recognition of emotions as almost constituting a new factor of production, with their regulation and expression being 'designed into' certain occupations as a competitive feature. Following Marx and his successors' critiques of alienated labour, Hochschild contrasted the actual feelings which employees such as the airline stewardesses could be expected to have, with the smiling demeanour they were required to project to their passengers or customers, as the basis for making air travel the gratifying experience it then

sought to be. (Since then, short-distance domestic air services in the United States have been shorn of these luxury features, and now often resembles travel by bus). Whereas Hochschild found air stewardesses obliged to suppress the more negative impulses they might justifiably feel towards inconsiderate passengers, she drew attention in a parallel study to the obligations upon debt-collectors to disavow the positive sympathies they might feel towards some clients, in having to enact their employers' interest in seeing debts paid with whatever damage to debtors and their families. Subsequently, Hochschild (Hochschild 2000, Ehrenreich and Hochschild 2003) has extended her investigations of emotional labour to child care within families, identifying with sympathy for all involved a global circuit of exploitation whereby Filipino carers give love to the children of their Californian employers, in order to be able to send back money to support the care of their own children by grandparents and other members of their extended families.

Further understanding of the necessity to manage and present emotions in working life can be gained from the work of Erving Goffmanⁱⁱⁱ even though emotions were not his explicit topic of interest. Goffman drew attention to the dramaturgical dimension of social life, the extent to which many social actors routinely manage their self-presentation in social settings in order to achieve their interactional purposes. These purposes are often shaped by the institutional context, whether this be of bringing off crimes, re-socialising prisoners, or persuading customers to buy goods or services. The recognition through Goffman's work that there are many routines and strategies of self-presentation, in which regulated emotions have a central place, stimulates reflection on the techniques and methods of emotional learning which are the main subject of this article.

The different contexts of emotional learning

As may be clear from the above, learning about emotions takes different forms in different social contexts. Infants have to learn the kinds of emotional expression that please and displease their parents, and also what feelings

towards their siblings are approved of and which are not. Families will differ in these respects, some rewarding noisy complaints, others punishing them. The expression of feelings deemed appropriate are not the same in a pentecostal chapel as in an Anglican village church, and at least until recently the behaviour expected of football crowds was very different from what might be expected of followers of cricket. Perri 6 (2002) in this journal, following Durkheim, argued that different repertoires of emotion were generated within different forms of social solidarity, contrasting four types of enclave community, individualist competition, regulated hierarchy, and social impasse as giving rise to distinct patterns of socially-constructed feeling. Defining ritual as a socially-constructed device intended to generate emotions, Perri 6 characterised the distinctive ritual forms characteristic of these different solidarities, and of their possible hybrids.

Emotional learning is one element of socialisation into all kinds of social membership, and can be expected to vary with different contexts. Mostly such learning will be an implicit part of a wider process of familiarisation with social routines, regulated and monitored by ongoing interactions with superordinates and peers, rather than explicitly taught. But the understanding of emotions as a discrete element of social roles and their performance has also been leading to a greater interest in procedures designed to facilitate emotional learning. Emotional learning has become, within certain occupational clusters, the field for the development of explicit theories and techniques. The emotional self-understanding taught in many courses for actors, following Stanislavsky and his followers, and the prescription of instruction in 'anger-management' for offenders, are examples of two such explicit programmes. One would generally expect that programmes of emotional learning would be designed to fit specific contexts, often those of occupations, and to be intended to further the performance of particular roles. We would expect that the forms of emotional learning required for example, of policemen, prison officers, classroom teachers, professional sportspersons, soldiers, front-line retail employees, nurses and managers, will differ, since the dominant tasks and situations of crisis faced within these occupations are different. It should follow that the need

for 'emotional learning' is recognised in the education and training for these occupations, though this only sometimes is actually so. One of the goals of the study of emotional learning should be to clarify the emotional requirements of different occupational tasks and functions, and to develop forms of education which will enable these to be met.

One coherent approach to emotional learning has been developed over the past fifty years or so at the Tavistock Clinic in London, to prepare trainees for work in a cluster of occupations in the field of community mental health. This conception is distinctive in both its theoretical grounding and in its practical techniques, and is the main example of a method of emotional learning to be discussed in this article.

The Tavistock approach and its institutional setting

The Tavistock and Portman Clinic is a National Health Service Trust which provides clinical services, education, consultancy and research in the field of community mental health. Services are provided typically by multi-disciplinary teams - mainly psychiatrists, psychologists, social workers, psychoanalytic and systemic psychotherapists (often known as family therapists). Professional education and training is provided for all of these disciplines, and to adult students from allied fields of work. Clinical services are out-patient, and are primarily psychotherapeutic – variants of what have been called 'talking cures' - although drugs or inpatient treatment may on occasion be recommended. The predominant theoretical orientation of both clinical practice and education at the Clinic is psychoanalytic, though there is also a significant commitment to systemic family therapy. Although inside the Clinic the differences between these two approaches often feel pressing, in reality they share a great deal of common ground. For both, in particular, the primary therapeutic goal is to bring about greater self-understanding by patients of their states of mind and feeling, and to facilitate change primarily through self-reflection. The systemic therapists give greater emphasis to patterns of partial or distorted communication and miscommunication between

family members, the psychoanalytic therapists to the understanding of unconscious states of mind and feeling.^{iv}

The distinctive approach to professional training at the Clinic derives from the connections that have been established between its underlying theoretical ideas, and the kinds of emotional experience which arise from working as professionals within the health, welfare and educational services. It is presupposed that virtually all those who take courses at the Tavistock will be engaged in such practical work, in one form or another. Many students will come to Clinic training programmes already professionally qualified, as social workers, teachers, or psychiatrists. Others will be working in these fields without a specific professional qualification, though usually as graduates. Tavistock training programmes usually aim to make use of these ongoing work-experiences as resources for reflective learning. Where students are not engaged in relevant work when they apply, they are usually required to find an appropriate work setting, if necessary on a voluntary basis, so that their learning at the Clinic can be 'grounded' in such day-to-day experience. For example, it is deemed impossible to learn to work psychoanalytically with children unless trainees have some concurrent occupational experience of being with and relating to children.^v

Training programmes are thus built on a foundation of everyday practical work. Students are expected to be able to draw on such experience in making use of the Tavistock's learning methods. A minority of trainees doing qualifying clinical courses will have trainee posts which enable them to participate in the delivery of clinical services at the Clinic itself, but few undertake their clinical work exclusively at the Tavistock. The intention of most of these programmes is that students after qualification will continue in, or return to, work in public sector health, education and welfare services, having enlarged their understanding and capabilities as a result of their Tavistock education.^{vi}

These programmes are thus based firmly on 'experience' in two related senses. Firstly, there is the belief that without direct experience of situations, events, and persons, little useful psychoanalytically-based learning can take place. And secondly, that unless reflection takes place on the 'ordinary' experiences of public education, health and welfare services, trainings will not be able to help students to work effectively in these settings. This model represents a significant adaptation of psychoanalytic models to the demands and exigencies of employment in these public services. Although much is shared with more specialised psychoanalytic trainings in regard to the need for the individual's psychoanalytic self-understanding, in other respects the assumptions are different. Students are not, for example, being trained primarily to undertake intensive psychoanalytic cases, nor is it expected that they will be able to insulate themselves through an intensive private practice from the heavy demands of community mental health services. Trainees in psychoanalytic psychotherapy at the Tavistock do have intensive analytic training cases, and a personal psychoanalysis, as the basis of their professional training, each with a frequency of at least three sessions per week. But the aim of this intensive formation is primarily to enable them to carry out the broad range of clinical and supervisory tasks which arise in community health services using psychoanalytic methods. Whilst individual psychotherapy with patients remains a core element of this, intensive psychotherapy on a more than once-weekly basis will be an unusual experience for most therapists working in the public sector, often to their own later regret.

Tavistock methods for emotional learning

A stable cluster of techniques has evolved at the Tavistock over several decades, which make up a coherent and connected approach to emotional learning. (In fact, the term emotional learning is seldom used there, perhaps through reluctance to split off emotions from the other aspects of mental life. The assumption is rather that all experience has an emotional dimension which is fundamental to all learning.) I will here be primarily discussing those techniques based on psychoanalytic assumptions, though also briefly

referring to the methods of the systemic therapists. The techniques based on psychoanalytic ideas are infant observation and young child observation, 'work discussion', personal analysis, the individual and group supervision of clinical cases, and the procedures of the 'group relations conference'. In addition, lectures present psychoanalytical ideas to set out a theoretical context for these experience-based and practice-based methods, together with 'reading seminars' which discuss key psychoanalytic texts. Systemic therapists add to this repertoire of practical methods the one-way-mirror observation and video-recording of clinical sessions of family therapy, which make available to students another dimension of evidence for observation and analysis. Students of family therapy have a somewhat different theoretical input, though since clinical work is normally undertaken at the Tavistock through multi-disciplinary teams which receive, allocate, and review the cases, different disciplines are expected to learn some understanding of each other's thinking and practice.

Infant observation^{vii}

Infant observation was 'invented' as a method of learning by the psychoanalyst Esther Bick, who was invited by John Bowlby in 1948 to set up a training for child psychotherapists to work in the NHS.^{viii} Bick initiated the method of infant observation by which students make once-weekly hour-long observational visits to a family from the time of birth of an infant until its second birthday. 'Normal families' are sought to be subject of these observations, by which is meant families without any known history of psychological difficulties. (Families are normally found through GP practices, health visitors, ante-natal classes and by informal networks of acquaintance, though observers are expected to be virtual strangers to those they visit when they first meet them.) Following each visit, students are expected to write up as detailed and literal a record as they can of what they have observed. They attend a weekly observation seminar group during the period of their observation. There are normally five observers and a supervisor in each seminar group, and in each week, a seminar member presents a current observational report, which is then discussed with the seminar leader and the

other students. Restricting the seminar group to five members means that each can present their observations twice per term. This also allows the seminar group to give attention to all of the families being observed, and to explore the patterns of development that emerge in the infants. Another consequence of this small seminar group size, and students' two years membership of it, is that it makes possible an intense and unguarded style of learning, which takes place through identification with supervisors' and fellow-students' approaches to the work as much as through formal instruction. Such intensive learning seems a privilege to its students in these days of enforced (false) economies in class sizes throughout the higher education system.

Infant observation has been for many years one element in a two-year taught 'pre-clinical' programme at the Tavistock Clinic (the PgDip MA in Psychoanalytic Observational Studies). Work discussion, psychoanalytic theory, and young child observation and child development^{ix} are the other curriculum units in this programme. Students are not expected to undertake a personal analysis during this course, nor are they usually undertaking clinical psychotherapeutic work, unless this is work they are already doing when they join the course. Infant observation has thus been designed to provide students with a first intense contact with psychodynamic reality – that is, the experience of reflecting on intense emotions arising in a circumscribed context - before they have to take any active responsibility for a situation as clinicians.

The experience of infant observation is usually an emotionally intense one, often more so than students anticipate. Families with newborn infants are usually sites of intense feelings, sometimes conflicting ones, which are transmitted to those in close contact with them. As well as feeling joy at the birth, family members may be anxious about the baby's well-being and how it is to be looked after, there may be rivalries and jealousies with other family members, siblings may feel they are being pushed out by a new baby. Parents will be having to adjust to the new arrival, and to work out between them who is going to take what share of the responsibilities of care. Then

there is the infant herself, who will soon begin to make demands on those around her, and is likely to have her own way of being, which may be experienced as 'easy' or 'difficult', as contented or fretful. The observer is likely to be exposed to this field of feelings, in one way or another, sometimes by direct observation of the interactions of family members, sometimes through what mother tells her during her visits. The observer will also have her own feelings to think about.^x As the baby develops, she may experience feelings of love, anxiety, worry, jealousy, even anger on the baby's behalf if she feels its needs are being neglected. Although there is much physical detail and tangible behaviour to observe and record, the emotions which arise at the scene of the observation are a central topic of interest in infant observation. In this sense it is a prime location for learning about emotions. Underlying this choice of scene is the psychoanalytic idea that primary emotional dispositions are learned in infancy and childhood.

Learning to experience, remember, record, and discriminate feelings, as these are observed in mother, other intimate family members, and the observer herself, are perhaps the most important aspect of infant observation. In this respect it has been carefully designed to be a method of 'emotional learning'. Emotions are, however, placed within a distinctive theoretical frame, which derives from one particular tradition of psychoanalytic thinking. Underlying the practice of infant observation is the theory of infant development developed by Melanie Klein and extended later by Bion, with contributions also from Winnicott, Melzer and many others. This theory holds that infants from birth experience intense and passionate feelings towards their primary objects^{xi}, of both positive and negative kinds. It is necessary for the psychic development of the infant that parental figures should be in emotional touch with their infant, and modulate the intensity of its experience in ways which are manageable for it. This is called the function of 'containment', and refers to the processing of infantile anxieties and passions in the minds of primary caregivers.

The 'emotional learning' which takes place in the context of infant observation is thus shaped to a considerable degree by this theoretical model. Infant

observation provides an experiential grounding for students of the conceptions of the mind which have been evolved in modern psychoanalytic thinking. It is the first context in which students can explore how far these ideas 'make sense' of a situation which they have experienced as having an emotional reality. In the Tavistock context, but in the British psychoanalytic tradition more generally, psychoanalytic theory is only thought to provide a useful resource for thinking where it can be connected to experiences of emotional reality.

Historically, in the development of psychoanalysis, the clinical consulting room has been the main site for such experiences, and it is from here that most of the productive developments of psychoanalytic ideas have come. (Rustin 2002, 2003). For those who undertake clinical training, the consulting room later takes over from the observation or work discussion seminar as the primary context for the application and exploration of psychoanalytic ideas. Infant observation has been developed however as a precursor to and preparation for clinical training, its advantage being that it provides a context for learning in which students do not have to take any clinical responsibility, and in which they are not required to deploy clinical skill. The capacities learned during infant observation, to reflect on the emotional dimensions of an interpersonal situation, and to learn about the unconscious dimensions of mental processes, are also found valuable by students who do not train as therapists, but who return to non-clinical roles in a variety of health, education and social services.

Young child observation

The method of 'young child observation' (of children from 2 – 5) is also part of the Tavistock curriculum, and follows on from infant observation except that its setting may be a day-nursery, nursery or infant school, or a context such as a children's ward where children can be observed in a social setting, as well as weekly visits to a family. The method of practice – weekly visits and their written-up reports, a weekly seminar for a small group in which

observations are discussed – is similar to that of infant observation. This setting permits observation of children at a later stage of their development, and enables attention to be given to their relations with their peers, to the ways in which they cope with the absence of parents, and to the stresses on staff. Again the psychoanalytic theory of 'containment' tends to provide an important organising paradigm for the interpretation of observations. Observers are encouraged to become sensitive to manifestations of anxiety in such situations, and to the defences against anxiety which individuals and the institutions to which they belong set up. These for example may be through retreat into isolation, by projection of pain into others through bullying them, through collusive membership of a gang which expels weakness into outsiders, or through finding a self-protective enclave.(Meltzer 1986). While all these defences can be observed as different relationships of individuals with groups, they can also be recognised as states of mind internal to an individual. Such internal and external dimensions of defence against anxiety usually interact with one another, as has been memorably shown in psychoanalytic writings about gang-formation. (Meltzer 1973, Rosenfeld 1987).

Different perspectives could be and are brought to bear on the systematic observation of young children. One would expect sociologists, anthropologists or physiotherapists for example to bring to such situations distinct frames of understanding, and to interpret their experiences and perceptions in different ways. One would also expect to find divergences of view within each of these disciplines. Young child observation at the Tavistock focuses on the normal development of children towards greater autonomy, and the anxieties that arise in this process in the context of relationships with parental figures and peers.

The fact there are many paradigms through which the experiences of young children can be interpreted does not mean that such interpretations need be arbitrary or ungrounded in fact. All perceptions are selected and organised through interpretative paradigms, but each can generate its own criteria of sense and meaning.

Work discussion

'Work discussion' has developed as a context for learning in parallel with infant observation. The term refers to the study of work settings in which students are located, and primarily focuses on its dynamics of feeling understood from a psychoanalytic perspective. In this practice students also meet weekly as a seminar group of five, and discuss reports prepared by each of them on some aspect of their work situation. For students working with children, this report might be of a sequence of events involving an individual child (for example one which has led to demands for a child's exclusion from school), of difficult relationships within a staff group, of observation of a sequence of events in a classroom, or of an intervention made by the student in a particular work-role. For students working with adolescents or adults, in a residential setting, or in a social service agency, there will be a different field of observation, focusing on an individual client and their response to the situation, on some aspect of organisational practice, or on an intervention by the participant observer.

But once again, as with the two preceding methods, reports made for work discussion supervision seminars are expected to be primarily descriptive and 'factual' in nature. Theoretical interpretation comes later, in the light of reflection in the seminar. The culminating phase of the student's work, as with infant observation, involves the writing-up of a paper on some aspect of the case or situation, in which students are expected to bring together theoretical ideas with observations in an illuminating way.

The method of 'work discussion' is adaptable to many different occupational settings – for example, schools, residential institutions, and social service agencies. Whereas in the infant and young child observation setting, students are expected to take largely passive roles, as observers, participants in work discussion are more actively engaged in a work situation, and their own interventions may well be among the elements

reported and reflected on. Work discussion can therefore be a context for a kind of informal supervision of working practice, as well as a context for learning by the students.^{xii} Indeed where students already have some clinical or therapeutic role, as counsellors or psychotherapists, as some do, clinical supervision may *de facto* be provided in this context, though this is not usually its primary purpose.

In the Tavistock context the underlying theoretical model within which interpretations of a situation are framed is most often a psychodynamic one. The dynamics of unconscious anxiety and defences against it will often provide a significant focus of attention. I have seen papers based on work discussion which are illuminating, for example, about the dynamics of school inspections, of learning processes in the classroom, and about the conflicts between educational and custodial cultures within a prison, and the psychic structures which go with these, all of which have added to the psychodynamic understanding of institutional processes. Commitment to research, albeit in the mode of case-studies, has always been central to clinical practice in psychoanalysis and it has recently been evolving within the practices of infant and young child observation. There is at least equal scope for the development of the psychodynamic research potential of the work discussion method. A reflective research-practitioner method could be evolved from this practice, which could enable many professional practitioners to engage in psychoanalytic action-research and to enhance reflective thinking in their professions. The use of observational methods in organisational settings, described by Robert Hinshelwood (2002) and William Skogstad (Hinshelwood and Skogstad 2000) is an analogous approach.

The Tavistock method of work discussion is primarily psychodynamic in its interpretative paradigm. That is to say it is mainly attentive to the role of unconscious anxieties in organisational processes, and how these influence occupational tasks and roles. But it seems to me that its pedagogic methods of participant-observation, detailed report, and subsequent reflection do not necessarily depend for their value on a psychodynamic approach. Indeed anthropologists have traditionally applied such methods of data collection in

the field. Different social science disciplines could make use in training of such procedures of field observation and subsequent interpretation, the aim being to ensure that whatever theoretical ideas being learned are given first-hand referents in experience. Other theories of emotions and emotional learning than a psychoanalytic one might also wish to develop their own systematic observational procedures.

Personal psychoanalysis and the supervision of clinical cases

The students who go on from these pre-clinical modes of study to take up clinical psychotherapy training at the Tavistock have to undergo personal analysis, on at least a three times weekly basis for a minimum of the four year duration of their training. Personal analysis brings about a deeper process of reflection on trainees' unconscious states of mind than can normally be achieved in any other way. The transference relationship is the primary means by which this self-understanding is made possible, making visible to both analyst and analysand aspects of the analysand's 'inner world'. Nowadays in line with the development of post-Kleinian psychoanalytic theory, the 'counter-transference' experiences of the analyst which are held to reflect projected aspects of the analysand's state of mind are likely to be regarded as a significant resource for understanding.^{xiii} Through their own analysis, trainees become sensitised to the significance of particulars to the understanding of their own mental states, the same kinds of particulars as they will themselves have to think about in the material of their patients. There are close parallels between the attention to literal detail which dominates infant observation, young child observation, and work discussion reports and seminars, and the kinds of detailed facts which provide the subject matter of clinical psychoanalytic dialogue. Although these less intense and less personal kinds of experience precede personal analysis and clinical practice, in the historical development of the training methods themselves it was the clinical consulting room that came first. However in recent years infant observation has been taken up by psychoanalytic institutes as an element in their training.

Groups and group relations conferences

Within this Tavistock cluster, the remaining method of emotional learning to be mentioned is the Group Relations Conference, referred to sometimes as variations on the 'Leicester Conference'. In this practice, an event takes place over several days, in which 'large' and 'small' groups are invited to reflect on their own evolving states of mind, with the help of a team of group analysts. This method of learning derives from the ideas of Wilfred Bion, whose Experiences in Groups (Bion 1962) still remains a seminal text. The experience of being placed in groups which have no specific work to do, other than to reflect on their own states of mind and feeling, is a procedure designed to generate uncertainty and anxiety. Group life is normally sustained by shared tasks and the assignment of roles and authority to enable them to be carried out, and individual members draw security and identity from such structures and the stable relationships which follow from them. In another important contribution to this field of investigation and training, Eric Miller and Kenneth Rice developed the concept of the 'primary task', within a framework of open systems theory. This idea has become particularly important in the extension of the theory of group dynamics to institutional contexts, for example in the context of organisational consultancy. Thus the 'work group' and its phantasy-based 'basic assumption group' antithesis are both conceptualised within this tradition. Group relations events on the Leicester Conference model deliberately strip away the structures provided by everyday work-roles. They thus leave as the primary task of groups to reflect on the states of mind which emerge in their absence. Variations in group size during the duration of an event – moves from small groups to large groups, for example, and the encouragement to groups to explore relations with each other – add additional contexts of uncertainty. Groups and their members respond in different ways to these pressures, and this becomes the subject of interpretation by the conference consultants. In this context, it is the states of mind and feeling held in common by groups which are the explicit object of study, not the states of mind of individuals, though individual participants do of course reflect for themselves on how they experience these ebbs and flows of feeling.

Bion set out the canonical lexicon of the states of mind which emerge in this situations, in his Experiences in Groups, distinguishing in particular between 'fight-flight', 'pairing', and 'dependency', as the three modal types. His term for these was 'basic assumptions', and he suggested that these were each defensive responses to the Oedipal situation, which denied the existence of two independent others. 'Fight-flight' aims in phantasy to destroy one or both parents; 'pairing' to magically procreate with one parent, or without any; 'dependency' merges the infantile self with the parent, avoiding the pain of differentiation.^{xiv}

Thus in group relations conferences, members are given opportunity to become aware of the states of mind that are transmitted in collective situations, and to learn how to reflect on them. This is another element in the procedures designed at the Tavistock to bring about emotional learning from a psychodynamic perspective.^{xv}

Psychoanalytic empiricism

It is characteristic of most if not all of the Tavistock's procedures for learning about emotions that the specificities of 'real world' experience are deemed to be relevant materials for reflection. Despite the focus of the underlying paradigm on 'inner world' phenomena, the 'external world' is by no means excluded from the learning environment. Reports presented in observation, work discussion, and clinical supervision seminars each describe interactions which take place outside the setting of the supervisory relationship itself, but which are then reflected on and interpreted within it. But although personal analysis does substantially focus on transference and counter-transference phenomena within the psychoanalytic situation, a great deal of reflection also normally takes place, implicitly or explicitly, on the extra-analytic experience of the analysand. The emphasis may be on understanding the within-transference meanings of material presented by the analysand, whose 'selection' by the analysand may be interpreted in terms of its significance in

this transference context. But meaning clarified within the analytic situation travels in the other direction too, from 'inside to outside' the consulting room. Analytic interpretations function as metaphors – that is to say as descriptions which give meaning to more than one context or situation simultaneously. For example, an adolescent patient continually arriving late for appointments may describe to his therapist how he is always forgetting the time. This may be interpreted in terms of his internal relationship with his therapist (as one who for example cannot be kept in mind), but it may also make sense for the patient of his difficulty in holding on to significant relationships outside his therapy sessions. And of course such states of mind may be presented for reflection in analysis not initially through 'enactments' (of missed appointments and the like) but through descriptions of the external difficulties the analysand's states of mind may be leading him into.

The point is that psychoanalytic thinking is continually being refreshed in these procedures by its interactions with new extra-consulting room experiences. It is this deliberate closeness to 'emotional facts', as one might call them, in the real world of the patients and clients, which has kept this method of thinking alive and which enables its theories to continue to evolve. The psychoanalytic theories which underpin the 'applied work' of the Tavistock tradition are not a definitive template of ideas, to which dissimilar experiences have to be made to conform in interpretative practice. On the contrary, they constitute an evolving network of conceptions, learned more through their continuing instantiation by 'cases' than through doctrinal exposition.^{xvi} Just as the common law evolves through its embodiment in fresh 'cases' which reflect changing realities outside the law, so psychoanalytic principles in this tradition evolve through embodiment in empirical 'cases' of their particular kind.

This cluster of learning procedures has also given rise to various techniques psychodynamic intervention in institutional settings, for example through enhancing the capacity of staff to cope with anxiety, through improving the mode of relationship between staff and clients, and through consultancy to institutions which enables them to learn from their own experience. The

dependence of the Tavistock on public sector funding, and on a flow of students and trainees from public sector professions, has been a beneficial stimulus in this respect. The institution has been under continuous pressure to demonstrate its usefulness to different areas of professional practice, and to different client groups. Thus its practice and theory have always been inflected by the professional experiences of social workers, psychiatrists, GPs, nurses, day nursery workers, school teachers, residential workers, and of course psychotherapists. Innovation has been stimulated by the need and possibility to make a difference in these settings, and to respond to the different kinds of client- and patient-need that they reveal. Within the field of individual psychotherapy, this has led to a process of discovery via the differentiation and classification of clinical phenomena and the pathologies that give rise to them. Thus specialisation in patients on the autistic spectrum, in eating disorders and sleeping disorders, in the needs of looked-after children and the problems for fostering and adoption that result from these, in difficulties in early mother-infant relationships, are examples of the work which has evolved, not only in the Tavistock itself but in a wider field of psychotherapeutic work connected to it by the trainings and professional development events it provides.

A model of connectedness

What seems most striking about the Tavistock model described above is the interconnectedness and interdependence of its component elements. That part of the Clinic's work which derives from psychoanalysis draws on a coherent theoretical tradition – broadly that of British object-relations theory, with a predominance within that of a thread of development from Freud, to Klein, to Bion and beyond. From these ideas have been evolved a cluster of clinical practices – including the adaptation of psychoanalysis for use in short-term and once-weekly psychotherapy – and the educational and formative practices outlined above. This has all evolved since the incorporation of the Clinic within the National Health Service in 1947 as a tradition or ensemble of practices, not of course as a 'grand design'. That is to

say, it has developed piece by piece through successive initiatives and developments. Unlike some influential but smaller psychodynamic institutions such as the Cassel and the Henderson Hospitals, and also unlike the Anna Freudian and Kleinian groups within the British Psychoanalytic Society itself the Tavistock has not depended on a single charismatic figure. Its explicitly multi-disciplinary basis (doctors share authority with other mental health professions in a way which has few equivalents elsewhere), and its relatively democratic structure (many of its senior management posts are elective) supports a multi-headed and pluralist pattern of work, and inhibits hierarchy and institutional closure. In this respect the Tavistock has some of the characteristics of a research institution or research-oriented university. Its established mode of self-reproduction is through a deep and prolonged professional socialisation of new members. Trainings are both intensive, in the teaching relationships they establish, and long in duration, both dimensions having the effect of discouraging superficial and merely instrumental forms of learning. This approach also induces a degree of consensus and commitment to fundamentals, while supporting innovation within the shared paradigms. This mode of professional socialisation has similarities with the craft apprenticeship models which prevail in advanced education in some of the arts (music, architecture, painting), though an element of committed identification probably characterises all deep forms of learning, in the sciences as well as the arts.

It is obvious that such an internally coherent form of learning is bound to arouse antagonism and envy as well as sympathy and admiration. What seems like a supportive coherence and institutional resourcefulness to some will be experienced by others as dogmatic orthodoxy and oppressive authority. An effective and enduring framing of the issues of emotional learning such as this one may seem to threaten and invade less fully elaborated framings of these questions. Issues of professional accreditation and exclusion may also arise, as questions of who is qualified for what become contested.

However, what is most instructive about the 'Tavistock model' in relation to the broader problematic of emotional learning transcends its particular theoretical, educational and clinical commitments. It is not the purpose of this article to recommend psychoanalytic conceptions of emotions to anyone without sympathy for them. What I seek to demonstrate is a different and more universal implication of the Tavistock paradigm. What is of special interest is the demonstration of the depth and coherence of connections that can be established between theories of emotion, and the practices of social intervention and educational formation that can follow from them. Most people, whether or not they subscribe to a psychoanalytic theory of the unconscious, might agree that emotions normally function to shape individual and social life 'below the surface' of perfect visibility. For example, the 'emotional labour' of Arlie Hochschild's research subjects was not usually transparent to them, nor was it to her readers before she described it. What follows from the particular character of emotions, in their shaping of behaviour and thinking in ways not fully recognisable to subjects, is that to make them available for reflection and choice is difficult. Emotions by their nature put up some resistance to understanding. (Psychoanalysis provides one developmental explanation of why this is so.) Thus increasing the understanding of the place of emotions in social life is necessarily going to require some form of theoretical understanding, some ordered procedures and methods to effect changes in ways which minimise risk, and some disciplines and protocols for emotional learning.

The challenge posed by a set of practices such as those established within and around the 'Tavistock model' is of this general kind. Its theory of mind and emotion has led to the development of a specific set of practices, over a considerable period of time. But plainly other perspectives and approaches to the field of emotional learning have also been emerging in recent years. Some of these may have a similar implicit or explicit connectedness as that which I have ascribed to the Tavistock approach. It would be useful at this stage in the development of the field of 'emotional learning' for such similarities and differences to be clarified, and for debate take place between them. The

growing interest in the emotional dimensions of learning will be furthered by encounters between different approaches to this field.

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Notes

ⁱ Rugby football is a particularly interesting case, since this sport both requires vigorous and direct physical contact, and its regulation through a particularly arcane and complicated rules which govern when the ball, and the other side's player, may or may not be attacked. Because of the often-decisive role of the penalty kick, usually conceded under pressure, the team which is least able to regulate its own violent impulses tends to lose.

ⁱⁱ For an application of this perspective to the work of nurses, see Smith 1992. For further writing on emotional labour see Pam Smith (1999) and Pam Smith and Stephen Lloyd Smith ((2002).

ⁱⁱⁱ For an overview of Goffman's work, see Burns (1992).

^{iv} However, in the BBC 2 documentary series on the Tavistock Clinic, *The Talking Cure*, (1999) there must have seemed to the viewer to have been little disjunction between the approach followed in the programme devoted to an exemplary case of family therapy, and those devoted to psychoanalytic treatment. The family therapist was evidently sensitive to the inner anxieties of her patients, whilst the psychoanalytic psychotherapists on their part showed themselves aware of broader family dynamics. Such may be the practical convergence that has resulted from multi-disciplinary work in a shared setting.

^v This might seem an obvious enough requirement, except that official investigations such as the Climbié Inquiry have revealed that many professionals with responsibility for children's well-being have had no experience of working with them.

^{vi} The Tavistock's location within the NHS has distinctive consequences in this respect. Psychotherapy trainings outside the public sector are more likely to be preparing trainees for work in private practice, through choice or necessity.

^{vii} For key readings on psychoanalytic infant observation, see Miller et al. (1989) Reid (1997), and Briggs (2003.). The *International Journal of Infant Observation*, and a two-part video *Observation Observed* prepared by Margaret Rustin and Beth Miller from footage from the BBC 2's *Talking Cure* programme can both be obtained from the Tavistock Clinic.

^{viii} Some who dwell on John Bowlby's later differences with psychoanalysis forget that he had a large responsibility for initiating psychoanalytic child psychotherapy at the Tavistock, and remained supportive of it throughout the time he held a senior post there.

^{ix} The inclusion of psychological studies of child development has given this programme a broader scientific basis, drawing attention to the partial convergence which has taken place between psychoanalytic, 'attachment-based', and other protocol-based studies of infant development.

^x Most students who undertake infant observation are female, following the existing gender balance or imbalance in the relevant professions. It is often slightly more complicated for male observers to negotiate the problems of finding and establishing an observation of a newborn infant. Stephen Briggs' study of five infant observations all undertaken by himself throws light on the particular issues this raises, among many others. (Briggs 1997).

^{xi} The term 'object', as in 'object-relations' seems curious to many. It derives from Melanie Klein's idea that infants have an initially fragmented experience of those who care for them, only coming to perceive them as whole persons a few months on.

^{xii} In 'Progetto Chance', in Naples, which since 1998 has provided three 'alternative school' units 14-16 year old school drop-outs, 'work discussion seminars' is the method adopted for the supervision and support of the teachers. This is intended to help them process and contain the emotional pressures arising from work with their disruptive and under-socialised pupils.

^{xiii} Paula Heimann (1950) first set out the positive possibilities of the counter-transference.

^{xiv} The theme of triangulation, and the role of the Oedipus Complex in the development of the capacity for thought, has become an important theme in recent psychoanalytic theory. (Britton 1998). The sociologist Georg Simmel (1858-1918) argued (Simmel 1950) that the existence of triadic groups were essential to the development of stable social entities. Rustin (1971) pointed out the parallels between sociological and psychoanalytic understandings of what analysts would now call 'triangular space.'

^{xv} David Armstrong (2003) an organisational consultant at the Tavistock, has recently set out an interesting critique of this model, arguing that it focuses unduly on the negative (or 'basic assumption') dimension of group life, and underestimates its positive or 'work group' aspects, even though Bion himself had argued that the work group ethos usually prevails. He suggests that a method which excludes the 'positive valencies' which many working contexts engender may give rise to an unduly pessimistic account of institutional possibilities.

^{xvi} An example of such a case-based approach is Wittenberg, Henry and Osborne, The Emotional Experience of Learning and Teaching (1983).

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